

**ERIE COUNTY
HOUSING SPOE EXECUTIVE COMMITTEE MEETING
23 JANUARY 2008 Meeting**

Facilitator: Phil Endress: ECDMH Commissioner

Co-Chairs: Don Dauman: ECDMH Director of Contract Management; Eric Weigel: Erie County Housing Coordinator

Attending: Jan Peters: Buffalo Federation of Neighborhood Centers; Alfred Halley: Cazenovia Recovery Systems, Inc.; Pat Ciocca Braciszewski: Greenwood Residences, Inc.; Paige K. Prentice: Horizon Health Services; Howard Hitzel: Lake Shore Behavioral Health; Chris Syracuse: Living Opportunities of DePaul; Frank L. Noyes: Northwest Community Health Center; Jack Guastafarro: Restoration Society; Ihor Zankiw and Rosemary Duran: Transitional Services, Inc.; Tom Bennett: WNY Veteran's Housing Coalition

Absent: Buffalo Psychiatric Center, Housing Options Made Easy, Southern Tier Environments for Living, Spectrum Human Services,

Minutes: Christopher Kennedy: Assistant to Erie County Housing Coordinator

1. Guidance from OMH

- a. NYS OMH interested in reducing inpatient census of long-term patients to move into community settings, to include SOCRs, SORs, RCCAs.
 - b. So far, this has been seen in Seneca Square's contract, which requires 38 admits from the Buffalo Psychiatric Center (BPC).
 - c. Currently in Erie County there are roughly 1800 funded beds through the Department of Mental Health of various supervisory levels.
 - d. OMH has offered up 34 new Generic beds, to include 30 which should come directly from the BPC. The remaining 4 beds will be dedicated to Forensic cases. Sources of Forensic cases are yet to be determined.
 - e. There is the possibility of 75 future SRO beds to be awarded to Erie County. These beds will come from a State RFP Process, and will be managed by the county. It is currently anticipated that 50% of these beds will also be dedicated to BPC step-downs.
 - f. While previously persons in SOCRs were told that they would be able to stay in those facilities indefinitely, OMH is now pushing to move those persons into less supervised levels of housing.
2. State and County governments are looking to develop tracking databases to better ensure the progressive assistance of consumers. This will enable providers to better link consumers with better support services.
 3. **State Facilities scaling down.**

- a. Closures of housing programs in Niagara County – specifically the 12 bed youth and 54 bed adult programs – will have an impact on housing in Erie County.
 - b. BPC and CPC have been told that they will not receive any additional beds. Consumers that previously would have been directed towards these programs will now be funneled into other mental health housing community programs. This will require additional supportive services and cooperation between housing providers and service providers in Erie County.
4. **ISSUE:** As OMH pushes to move people into less restrictive levels of housing, they offer additional housing, without offering additional support services. Residential Housing Providers express concern regarding State Expectations that they can adequately provide for cases that more supervised, State-Operated facilities will not. Also, persons seeking help from clinical settings are not receiving help unless they express that they are a danger to themselves or others. ECDMH Commissioner stresses the need for greater linkage/integration with Treatment Providers. Commissioner agrees that there should be increased capacity at clinical providers to take necessary consumers.
 5. Jan Peters, BFNC, suggests that a Task Force be created by ECDMH to bring together Treatment and Housing Providers. Frank Noyes suggests a ‘Crisis Residence’ or diversionary program similar to a hospital to be accessed by Consumers/Providers. Community beds used to be available at the YWCA, but are no longer available. CPEP also no longer has community beds available.
 6. ECDMH Commissioner suggests that the development of a Western New York Care Coordination Program could serve to assist in solving the problem of lack of Treatment Services available.
 7. Jan Peters suggests that the addition of an internal behavioralist would help BFNC. TSI suggests that it would be difficult to move many people from Congregate Level Care to Supportive Housing without a person to supervise medication taking in a scattered site program. ECDMH Commissioner has agreed to look into the possibility of developing habilitation positions. Jan suggests that peers could be used if the funding became available.
 8. ECDMH is working on the development of a 4135 waiver for deficit funding, to group funding sources.

NEXT MEETING:

Wednesday, July 16th, 2008 at 1:00pm at ECDMH Room 1202